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CENTRAL FAX CENTER****MAR 02 2005****CONFIDENTIAL
FACSIMILE TRANSMITTAL SHEET****DATE SENT:** March 2, 2005**DELIVER TO:****Name:** Examiner Allan Hoosain**Company:** USPTO / GAU 2645**Fax No:** 703-872-9306**FROM:** Brian S. Myers**YOUR FILE:** 09/746,945

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- ☒ Request for Continued Examination Transmittal (In Duplicate)
- ☒ Petition for Extension of Time (In Duplicate)
- ☒ Fee Transmittal (In Duplicate)
- ☒ Amendment after Final

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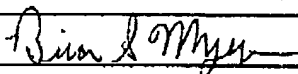
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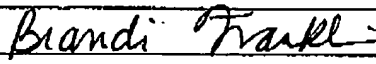
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/746,495
	Filing Date	12/21/2000
	First Named Inventor	Masaharu Matsumoto
	Art Unit	2645
	Examiner Name	A. HOOSAIN
Total Number of Pages in This Submission	Attorney Docket Number	FUJR 18.110

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Termination Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Katten Muchin Zavis Rosenman	
Signature		
Printed Name	Brian S. Myers	
Date	March 2, 2005	Reg. No. 46947

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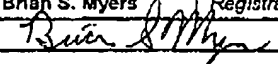
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FEE TRANSMITTAL for FY 2005 <i>Effective 10/01/2004. Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>	
		Application Number	09/746,495
		Filing Date	12/21/2000
		First Named Inventor	Masaharu Matsumoto
		Examiner Name	Allan Hoosain
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2645
TOTAL AMOUNT OF PAYMENT \$ 200.00		Attorney Docket No.	FUJR 18.110

METHOD OF PAYMENT <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1290 Deposit Account Name: KATTEN MUCHIN ZAVIS ROSENMAN The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																	
1. BASIC FILING FEE				<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>790</td> <td>2001</td> <td>395</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>350</td> <td>2002</td> <td>175</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>550</td> <td>2003</td> <td>275</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>790</td> <td>2004</td> <td>395</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td></td> <td>\$ 0</td> </tr> </tbody> </table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	790	2001	395	Utility filing fee		1002	350	2002	175	Design filing fee		1003	550	2003	275	Plant filing fee		1004	790	2004	395	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					\$ 0
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td></td> <td>\$ 200</td> </tr> </tbody> </table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Reissue independent claims over original patent		1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$ 200
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Total Claims: 20 Independent Claims: 4 Multiple Dependent:				Extra Claims: 0 Fee from below: 200 Fee Paid: 0																																																	
Other fee (specify):				SUBTOTAL (3) \$ 0																																																	

Name (Print/Type)	Brian S. Myers	Registration No. (Attorney/Agent)	46947	Telephone	212-940-8800
Signature				Date	March 2, 2005